FISCAL NOTE

HB 3116 - SB 3253

March 20, 1998

SUMMARY OF BILL: Enacts the *Health Care Consumer Right to Know and Right to Access Act of 1998* which requires all insurers to inform prospective and current enrollees in writing of specific items in the terms and conditions of the health benefit plan. Also requires all insurers to permit any provider to participate in the plan, if that provider agrees to accept the reimbursement rates and meets the credentialing standards of the insurer. Prevents an insurer from imposing any financial penalty that would affect a beneficiary's choice of health care providers. Requires an appeal mechanism for any provider who is denied credentials by the insurer and requires an arbitrated hearing in certain cases. Requires direct patient access to providers of dental, vision and obstetrical/gynecological services. Allows for action in a civil court by a health care provider who is adversely affected by a violation of the act.

ESTIMATED FISCAL IMPACT:

Increase State Expenditures - Exceeds $90,000,000
Increase Local Govt Expenditures* - Exceeds $5,000,000

Assumes that the provisions of the bill will result in an estimated increase in capitation rates paid in the TennCare program, an increase in expenditures to the state employee health plan, since this plan utilizes existing networks of health care providers, and increased expenditures to local government health care plans. Self-funded plans could avoid the provisions of the bill if they established their own network of health care providers because of the ERISA statute; however, the cost of establishing and administering the network is estimated to be significant.

This estimate is based on the following:

- An incentive presently exists for health care providers to accept set fee schedules or agree to discounts against usual and customary fees in order to be a part of large health care plans.
- Even though contracts with health care providers may not specifically guarantee a volume of patients, it appears logical on the part of the provider to conclude that such plans bring with them incentives or mandates for plan members to use providers in the plan.
- Allowing an increased number of providers into a plan reduces the likelihood that a provider will receive a significant amount of business as a result of being a member of such plan, removing most of the incentive for that provider to accept set fee schedules or agree to specified discounts against usual and customary fees.
- Allowing an increased number of providers into the plan will result in increased administrative cost to HMOs and health insurance plans.

For informational purposes the Tennessee General Assembly's Special Study Committee, on the Tennessee Patient Advocacy Act of 1997, conducted a study on the impact of any willing provider legislation. According to the consultant's report the estimated impact of implementing any willing provider legislation would be increased expenditures to TennCare of $97,632,000 and $9,439,546 to state and local government employee health care plans.

*Article II, Section 24 of the Tennessee Constitution provides that: *no law of general application shall impose increased expenditure requirements on cities or counties unless the General Assembly shall provide that the state share in the cost.*

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.

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James A. Davenport, Executive Director

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